

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034106

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 163

STATE FILE NUMBER

FILED OCT 1 1962

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)

NORTH KANSAS CITY

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

D.O.A. NORTH KAN. CITY HOSP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

OKLA.

b. COUNTY

OKLA.

admission)

c. CITY

OR

OKLAHOMA CITY

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

UNKNOWN

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

KENNETH THOMAS GAILLARD

4. DATE

OF

DEATH

Month

Day

Year

SEPT. 20- 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1-11-1927

9. AGE (last birthday)

35

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GLASSER-

10b. KIND OF BUSINESS OR INDUSTRY

PITTSBURG PLATE GLASS CO.

11. BIRTHPLACE (City and state or country)

UNKNOWN, OKLA.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Auther T. Gaillard

13b. MOTHER'S MAIDEN NAME

MANIE JONES-

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

W.W.I.I.

17. INFORMANT

MANIE GAILLARD-

Address

BLACKWELL OKLA.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GROSS HEMORRAGE

DUE TO (b)

RUPTURED AORTA

DUE TO (c)

MOTOR VEHICLE COLLISION

IMMEDIATE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

MOTOR VEHICLE COLLISION

20c. TIME OF INJURY

6:40

Hour

a.m.

p.m.

Month, Day, Year

9/20/62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

STREET

20f. CITY, TOWN, OR LOCATION

KANSAS CITY, CLAY, MO.

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Donald L. Seneker, Dep. Sheriff, Acting Coroner

(Degree or title)

22b. ADDRESS

Sheriff's Office, Liberty, Mo.

22c. DATE SIGNED

9/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-22-1962

23c. NAME OF CEMETERY OR CREMATORIUM

West Lawn Cemetery

23d. LOCATION (City, town, or county)

HENRYETTA, OKLAHOMA

(State)

24. FUNERAL DIRECTOR

D.W. Newcomer's Sons- KAN. CITY, MO.

ADDRESS

NORTH

25. DATE RECD. BY LOCAL REG.

9-22-62

26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

6004

28350

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

DEC 11 1962

OCT 2 1962

OCT 19 1962

JAN 15 1963

OCT 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.